## Independent Citizens Redistricting Commission

Application Review and Quality Control Sheet

Applicant Name: Seaufy Date Received: 2/22/13	9	Frey 10507		
Recommended Applicant Pool Status:	Final Applicant Po	ool Status:		
☐Included ☐Removed	Included	Removed		
REQUIREMENTS:  2. Was the application received before the submission deadline?  Yes \( \subseteq \) No				
If NO, list time/date application was received:  Is the application complete?  If NO, list the item(s) that need to be completed:    VID- WIL Seind in 2/28/13				
3. Indicate how the applicant responded to the following questions:  A. Student enrolled in a college/university in the City of Austin?     Yes   No				
If YES, consider I and ii only; If NO, consider I, ii, iii, and iv:				
i. Reside in the City of Austin?		✓Yes □No		
ii. Registered to vote in the City	of Austin?	✓Yes □No		
iii. Continuously registered to vo	te in the City of Austin?	∑Yes □No		
iv. Voted in 3 of the last 5 City of	f Austin general elections?	✓Yes □No		
Follow-up needed related to REQUIREME  If YES, identify issue(s) addressed and expressed.	<del>NTS?</del> disposition:	□Yes ☑No		

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	ONFLICTS OF INTEREST:  Did the applicant respond "Yes" to any conflict of interest questions?  If YES, indicate which question(s):	□Yes ☑No
*	Follow-up needed related to CONFLICTS OF INTEREST?  If YES, identify issue(s) addressed and disposition:  - When Served as Dem Delegate Pro  - paid?  - paid	Lives [No CUNH 248 how to dyou get position? to State convertur, non-paid,
<u>C(</u>	CONSISTENCY:	☑Yes ☐No
÷	Follow-up needed related to CONSISTENCY?  If YES, identify issue(s) addressed and disposition:	□yes □No

	67.1	2/18a/12
Application Reviewed By:	10 L	Review Date:
Quality Control Review By:	xut:	QC Review Date:
Follow-up Contact(s) Reviewed By:	Pul	Date: 3 \( \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Follow-up Contact(s) Reviewed by		